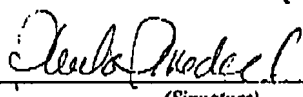
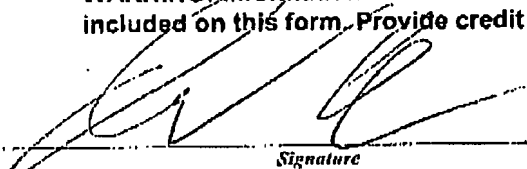


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 030199 (BLL-0107)	
Applicant(s): JAMES DICKENS ET AL.				
Application No. 10/617,154	Filing Date July 8, 2003	Examiner Jamal	Group Art Unit 2614	
Invention: DSL PROTECTOR HAVING A DETACHABLE WIRE INTERFACE			RECEIVED CENTRAL FAX CENTER JUN 29 2007	
<p>I hereby certify that this <u>Amend. Trans. Ltr., and Response to Office Action</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)</p> <p>on <u>June 29, 2007</u> (Date)</p> <p><u>Sheila Smedick</u> (Typed or Printed Name of Person Signing Certificate)</p> <p><u></u> (Signature)</p> <p>Note: Each paper must have its own certificate of mailing.</p>				

P10/REV02

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 030199 (BLL-0107)	
Applicant(s): JAMES DICKENS ET AL.						
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
10/617,154	July 8, 2003	Jamal	36192	2614	2732	
Invention: DSL PROTECTOR HAVING A DETACHABLE WIRE INTERFACE					RECEIVED CENTRAL FAX CENTER JUN 29 2007	
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	9 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment.						
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____						
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.						
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130						
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.						
<input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.						
<input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: June 29, 2007			
David A. Fox Registration No. 38,807 CANTOR COLBURN LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone 860-286-2929 Facsimile 860-286-0115 Customer No. 36192			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence			
CC:						

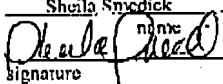
P11LARGE/REV10

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JUN 29 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: James Dickens et al)
Serial No.: 10/617,154) Group Art Unit: 2614
Filed: July 8, 2003) Examiner: Jamal
For: DSL PROTECTOR HAVING)
A DETACHABLE WIRE INTERFACE)

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& Trademark Office via facsimile to facsimile
Number (571) 273-8300 on June 29, 2007

Sheila Snyder
 6-29-07
signature date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

Applicants respectfully request consideration of the following amendments and remarks contained herein in response to the Office Action mailed April 4, 2007. Applicants respectfully submit that the amendments and remarks contained herein place the application in condition for allowance.

030199 (BLL-0107)